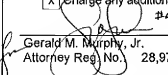


AMENDMENT TRANSMITTAL LETTER				Docket No. 0230-0245PUS1	
Application No. 10/571,069-Conf. #2459		Filing Date December 7, 2006		Examiner C. M. Borgeest	
				Art Unit 1649	
Applicant(s): Hidemi KURIHARA et al.					
Invention: THERAPEUTIC AGENT AND THERAPEUTIC METHOD FOR PERIODONTAL DISEASES AND PULPAL DISEASES					
<p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	35	- 30 =	5	x 26.00	130.00
Independent Claims	5	- 8 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					65.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					195.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>195.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Gerald M. Murphy, Jr. Attorney Reg. No. 28,977				Dated: <u>September 9, 2011</u>	
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